

SECURITY REVIEW CHECKLIST FOR FACSIMILE DEVICE/DIGITAL COPIER CERTIFICATION

SYSTEM ID: HQ-_____ (ISSM will Assign) DATE: ____/____/____ ORGANIZATION: _____

LOCATION: BUILDING _____ ROOM NUMBER _____

	PRINTED NAME	SIGNATURE	DATE
Operator			
ISSO			
HSO			
REVIEWED BY			
ISSM STAFF MEMBER			

COMPLETE THIS SECTION FOR FACSIMILE DEVICES & DIGITAL COPIERS	YES	NO
1. IS THE CERTIFICATION DOCUMENTATION COMPLETE AND ACCURATE?		
2. IS THE EQUIPMENT LOCATED IN A LIMITED SECURITY AREA, EXCLUSION AREA OR A VAULT/VAULT TYPE ROOM?		
3. IF THE EQUIPMENT IS LOCATED IN AN APPROVED VAULT, IS THERE EVIDENCE OF CERTIFICATION FROM THE HEADQUARTERS OPERATIONS DIVISION (SO-213) DOCUMENTING THEIR APPROVAL FOR OPEN STORAGE OF CLASSIFIED DATA?		
4. ARE LIMITED SECURITY AREA WARNING SIGNS AVAILABLE FOR THE DOORS LEADING TO THE ROOMS WHERE THE EQUIPMENT IS LOCATED?		
5. IS THE U/SO AWARE OF THE CLASSIFIED DOCUMENT/MEDIA MARKING/LABELING PROCEDURES AND IS THERE EVIDENCE OF ADEQUATE SUPPLIES OF LABELING STOCK? IF THIS IS A REACCREDITATION REVIEW, IS THERE EVIDENCE OF PREVIOUS COMPLIANCE WITH MARKING/LABELING PROCEDURES?		
6. IS THE U/SO AWARE OF THE PROPER PROCEDURES FOR COMPLYING WITH CLASSIFIED DOCUMENT/MEDIA ACCOUNTABILITY REQUIREMENTS? IF THIS IS A REACCREDITATION REVIEW, IS THERE EVIDENCE OF PREVIOUS COMPLIANCE WITH ACCOUNTABILITY REQUIREMENTS?		
7. IS THE EQUIPMENT MAINTAINED AND SUPPORTED BY THE CIO (OR, IF EQUIPMENT IS NOT MAINTAINED AND SUPPORTED BY THE CIO, HAVE MAINTENANCE PROCEDURES BEEN APPROVED BY THE ISSM AND INCLUDED IN THE INDIVIDUAL FAX DEVICE/DIGITAL COPIER SECURITY PLAN)?		
8. RED/BLACK SEPARATION IN COMPLIANCE?		
9. IS THE U/SO AWARE THAT THEY ARE RESPONSIBLE FOR BEING PRESENT DURING THE ENTIRE TIME A CLASSIFIED DOCUMENT IS BEING COPIED, SENT OR RECEIVED?		
COMPLETE THIS SECTION FOR FACSIMILE DEVICES	YES	NO
11. ARE WRITTEN PROCEDURES FOR AUTHENTICATION IN THE RECEIVE AND SEND MODE POSTED NEAR THE SYSTEM, AND ARE THEY FOLLOWED?		
12. IF APPLICABLE, AND IF THIS IS AN INITIAL CERTIFICATION REVIEW, IS THE U/SO AWARE OF PROCEDURES FOR USING A STU-III SV/DS OR SDD FOR DATA COMMUNICATIONS? IF APPLICABLE, AND IF THIS IS A REACCREDITATION REVIEW, IS THERE EVIDENCE OF COMPLIANCE WITH THE PROCEDURES?		

DOE HQ Master IS Security Plan
for Facsimile Devices/Digital Copiers

SECURITY REVIEW CHECKLIST FOR

FACSIMILE DEVICES (CONTINUED)		YES	NO
13.	IS THE U/SO AWARE OF THE REQUIREMENT TO VERIFY THAT THE FAX DEVICE IS IN THE DI MODE, THAT ALL PROHIBITED FEATURES ARE DISABLED AND THAT ONLY THE STU-III IS CONNECTED TO THE UNIT PRIOR TO SENDING OR RECEIVING CLASSIFIED DOCUMENTS?		
14.	HAS U/SO READ THE DOE HEADQUARTERS MASTER IS SECURITY PLAN FOR FACSIMILE DEVICES & DIGITAL COPIERS AND THE STU-III PROCEDURAL GUIDE?		
15.	ARE WRITTEN PROCEDURES IN PLACE TO ENSURE THAT THE FAX DEVICE HAS PROCESSED ALL PAGES OF INCOMING DOCUMENTS AND HAS NOT RUN OUT OF PAPER, THAT THE CIK HAS BEEN REMOVED, THE POWER IS TURNED OFF AND ALL DOCUMENTS ARE REMOVED FROM THE UNIT BEFORE BEING LEFT UNATTENDED AND AT THE END OF THE DAY?		
COMPLETE THIS SECTION FOR DIGITAL COPIERS		YES	NO
16.	ARE WRITTEN PROCEDURES IN PLACE TO ENSURE THAT THE DIGITAL COPIER HAS PROCESSED ALL PAGES OF THE DOCUMENTS BEING COPIED AND HAS NOT RUN OUT OF PAPER, THAT NO INPUT OR OUTPUT DOCUMENTS HAVE BEEN LEFT IN THE PAPER PATH, THE POWER IS TURNED OFF AND ALL DOCUMENTS ARE REMOVED FROM THE UNIT WHEN A CLASSIFIED COPY JOB IS COMPLETE, BEFORE BEING LEFT UNATTENDED AND AT THE END OF THE DAY?		
17.	HAS U/SO READ THE DOE HEADQUARTERS MASTER IS SECURITY PLAN FOR FACSIMILE DEVICES & DIGITAL COPIERS?		
18.	IF THE DIGITAL COPIER IS EQUIPPED WITH A FIXED DISK DRIVE DOES THE COPIER HAVE STICKER AFFIXED THAT INDICATES THE HIGHEST LEVEL AND MOST RESTRICTIVE CATEGORY OF CLASSIFIED INFORMATION FOR WHICH THE COPIER HAS BEEN (OR WILL BE) APPROVED TO PROCESS?		
19.	IF THE COPIER IS EQUIPPED WITH A DISK DRIVE AND IS NOT LOCATED IN A VAULT APPROVED FOR OPEN STORAGE, IS THE DISK DRIVE STORED IN AN APPROVED SECURITY CONTAINER DURING NON-DUTY HOURS?		
20.	ARE PROCEDURES FOR SANITIZING DIGITAL COPIERS POSTED WHERE THEY CAN BE EASILY SEEN?		
21.	DO SANITIZATION PROCEDURES INCLUDE: CHECKING PAPER TRAYS AND PAPER PATHS FOR CLASSIFIED DOCUMENTS; MAKING A COPY OF A BLANK PAGE; TURNING OFF THE POWER FOR 2 MINUTES; REPEATING STEPS FOR SECOND TIME?		
22.	ARE THE INSTRUCTIONS POSTED NEAR THE COPIER WHO TO CONTACT IF THERE IS A PAPER JAM OR IF TEXT APPEARS ON COPY OF A BLANK PAGE WHEN SANITIZING?		
23.	IS THE U/SO AWARE OF THE APPROVED METHOD FOR SANITIZING COPIER TONER CARTRIDGES?		

SEE NEXT PAGE FOR INSTRUCTIONS

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INSTRUCTIONS

THIS FORM IS PROVIDED TO AID THE OPERATOR IN DOCUMENTING HIS OR HER ASSURANCE THAT THE FAX DEVICE OR DIGITAL COPIER BEING REVIEWED IS CERTIFIABLE AS MEETING ALL THE APPLICABLE IS SECURITY REQUIREMENTS NECESSARY TO PROCESS CLASSIFIED INFORMATION IN A SECURE ENVIRONMENT.

THE CHECKLIST CONTAINS A SERIES OF QUESTIONS, FOR WHICH YES OR NO ANSWERS WILL SUFFICE. THE QUESTIONS IN THE FIRST SECTION APPLY TO FAX DEVICES AND DIGITAL COPIERS. THE QUESTIONS IN THE SECOND SECTION APPLY ONLY TO FAX DEVICES, AND THE QUESTIONS IN THE THIRD SECTION APPLIES ONLY TO DIGITAL COPIERS. EACH QUESTION IN THE APPROPRIATE SECTION MUST BE ANSWERED IN THE AFFIRMATIVE BEFORE THE SECURITY OF THE FAX DEVICE OR DIGITAL COPIER CAN BE CERTIFIED BY THE ISSO TO THE ISSM.

WHEN ALL THE QUESTIONS HAVE BEEN ANSWERED IN THE AFFIRMATIVE, AND THE OPERATOR, THE ISSO AND THE HSO ARE SATISFIED THAT ADEQUATE PROTECTION HAS BEEN PROVIDED FOR THE SECURITY OF THE EQUIPMENT, THE SIGNED AND DATED FORM MUST BE FORWARDED IN A PACKAGE, ALONG WITH THE INDIVIDUAL FACSIMILE DEVICE/DIGITAL COPIER SECURITY PLAN AND OTHER APPLICABLE DOCUMENTATION TO THE ISSM, MA-43/GTN. REGARDING QUESTION 1, APPLICABLE DOCUMENTATION INCLUDES THE CURRENT, APPROVED DOE HQ MASTER IS SECURITY PLAN FOR FACSIMILE DEVICES AND DIGITAL COPIERS AND COPIES, SIGNED WHERE NECESSARY, OF THE FOLLOWING ATTACHMENTS:

- ATTACHMENT 1 - ANNUAL FACSIMILE DEVICE/DIGITAL COPIER U/SO ACKNOWLEDGMENT OF COMPLIANCE RESPONSIBILITIES
- ATTACHMENT 4 - THIS SECURITY REVIEW CHECKLIST FOR FACSIMILE DEVICE/DIGITAL COPIER CERTIFICATION
- ATTACHMENT 5 - INDIVIDUAL FACSIMILE DEVICE/DIGITAL SECURITY PLAN

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